

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 139  
District of \_\_\_\_\_ County Registrar No. 846  
Town of Miami Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Walter Charles Christensen (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate \_\_\_\_\_ 6. Date of birth Sept. 15, 1924  
Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

7. 5. No., in order of birth 2 yes \_\_\_\_\_

3. FATHER		14. MOTHER	
Full name <u>Marius Christensen</u>		Full maiden name <u>Ozona Stinson</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>45</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) (State or country) <u>Denmark</u>		18. Birthplace (city or place) (State or country) <u>Ford Co. Kentucky</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was born at 4 A. m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife)  
Address Miami, Arizona  
Month, day, year. \_\_\_\_\_ Filed Nov 30, 1924 Local Registrar. \_\_\_\_\_  
Registrar. \_\_\_\_\_ Filed DEC 5, 1924 County Registrar. \_\_\_\_\_

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_

635-915-625